## **CDM-MOC-FORM: ANNEX 2**

This annex is to be used by the focal point(s) for scope of authority (b) or by the submitting project participant when applicable, to request changes to project participant status and contact details of focal points following project/programme registration.

Date of submission:	16/03/2022
CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	Grid connected electricity generation from renewable source: Windfarm Complex Santa Vitória do Palmar and Chuí
Project/programme of activities reference number:	8012
SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)	
The following entity is an existing project participant/foot programme of activities and hereby requests the followin   ☑ Project Participant	
Name of entity: Santa Vitória do Palmar Holding S.A.	
Address: Deputado Antonio Edu Vieira Street, 999 88040-901 Florianopolis Brazil	
Party (country authorizing participation): Brazil	
Contact details (primary authorized signatory):	Mr. □ Ms.⊠
Last name: Sztajn	Telephone 1:
First name: Andrea	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☑ Ms.□
Last name: Linhares	Telephone 1:
First name: Thiago	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
The following entity is an existing project participant/focal point entity in respect of the above CDM project / programme of activities and hereby requests the following changes to its contact details:  ☑ Project Participant ☑ Focal Point	
Name of entity: Chui Holding S.A.	
Address: Deputado Antonio Edu Vieira Street, 999. 88040-901 Florianopolis Brazil	
Party (country authorizing participation): Brazil	
Contact details (primary authorized signatory):	Mr.⊠ Ms.□
Last name: Linhares	Telephone 1:
First name: Thiago	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒
Last name: Sztajn	Telephone 1:
First name: Andrea	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
The following entity is an existing project participant/focal point entity in respect of the above CDM project /	
programme of activities and hereby requests the following changes to its contact details:	
☑ Project Participant	☑ Focal Point
Name of entity:  Way Carbon Saluções Ambientois e Projetos de Carbono Lt.	do.
WayCarbon Soluções Ambientais e Projetos de Carbono Ltda	
Address: Paraíba Street, 1000, 7th floor	
30130-141 Belo Horizonte	
Brazil	
Party (country authorizing participation): Brazil	
Contact details (primary authorized signatory):	Mr. ⋈ Ms. □
Last name: Rates de Azevedo	Telephone 1:
First name: Breno	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ⋈ Ms. □
Last name: Ribeiro Bittencourt	Telephone 1:
First name: Felipe	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Signature(s) of the focal point for scope of authority (b) of	on the project participant to whom the changes apply (*)
Name of authorized signatory:	Signature Date: dd/mm/yyyy
(Add lines for signatories as necessary. Only one signatory per entity is required.)	
(*) In the case of programme of activities, this section shall be signed by the focal point(s) for scope (b)	

DISCLAIMER: Any new representative for a focal point entity is understood to hold the same authority designated to him/her by the entity as that held by the previous signatory.

If a change to a project participant requested in this section is also applicable to a focal point entity, it is understood that the project participant and the focal point are the same legal entity, with the same legal registration in the respective jurisdiction.